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26765

Practitioner's Docket No. BOMUHDUS

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): BOWSHER et al.                          }  
Serial No.: 09/919,559                                  }  
Filed: 07/31/2001                                        }  
Title: Universal Ultra-High                            }  
            Definition Color, Light, and                }  
            Object Rendering, Advising}    }  
            And Coordinating System                        }

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

- Transmitted herewith is a response for this application comprising:

23 Pages Amendment with Remarks; and  
7 Pages of Replacement Drawings.

## STATUS

- Applicant is a small entity.

## EXTENSION OF TERM

- The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of \$510.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Submitted:                                \$510.00

**Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 13, 2006.

TPO

(Amendment Transmittal)

Thomas P. O'Connell, Esq.; Reg. No. 37,997

June 13 2006

Date

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total      68	Minus      35	=	x \$25 =	\$0
Indep.      8	Minus      3	= 0	x \$100 =	\$500
First Presentation of Multiple Dependent Claim			+ \$135 =	\$0
			Total Addit. Fee	\$500

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims: \$500.

Payment by Credit Card Payment Form enclosed.

TP.O.L.

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